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Your Ref: Appln. No.10/775,362Date: February 7, 2005Our Ref: 1328-01

FROM: Gerald A. Gowan

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Attention: _____

Fax #: 1-703-872-9306# OF PGS INCL COVER: 4**COMMENTS:**

Re: US Patent Application No. 10/775,362 - Inventor: POHLER, Jerzy
 "Disposable Cryotherapy Device for the Treatment of
 Hemorrhoids with Frozen Healing Media"

Includes:

Fax cover Sheet - 1 page

Transmittal Form - 1 page

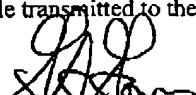
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FORM

(to be used for all correspondence after initial filing)

Application Number	10/775,362
Filing Date	February 10, 2004
First Named Inventor	POHLER, Jerzy
Art Unit	n/a
Examiner Name	n/a
Total Number of Pages in This Submission	2
Attorney Docket Number	1328-01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Revocation & Appointment of Agent
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Date	Feb 7/05	Reg. No.	37041

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**REVOCATION OF POWER OF
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Application Number	10/775362
Filing Date	Feb. 10, 2004
First Named Inventor	POHLER, J.
Art Unit	
Examiner Name	
Attorney Docket Number	1328-01

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

POHLER, JERRY

Date

JANUARY 9, 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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